

Longitudinal evaluation of patients with advanced stages of chronic kidney disease attending a multidisciplinary kidney supportive care clinic

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Kidney Supportive Care

Kidney supportive care (KSC) integrates renal and palliative care to manage symptom burden and distress and to facilitate advance care planning and shared decision-making around dialysis options in people with advanced CKD.

A multidisciplinary KSC service comprising nephrology, nursing, palliative care, pharmacy and social work was implemented in Metro North, Brisbane in 2016. People receiving dialysis access the service as well as those on a non-dialysis pathway.

INTRODUCTION

Advanced stages of chronic kidney disease (CKD) are often characterised by severe symptoms which can be incapacitating, distressing and deleterious to quality of life and clinical outcomes.

We describe the characteristics of people referred to a multidisciplinary KSC clinic in Brisbane, Queensland, and report the outcomes of patient-reported symptom scores over the first 3 years of the service's operation.

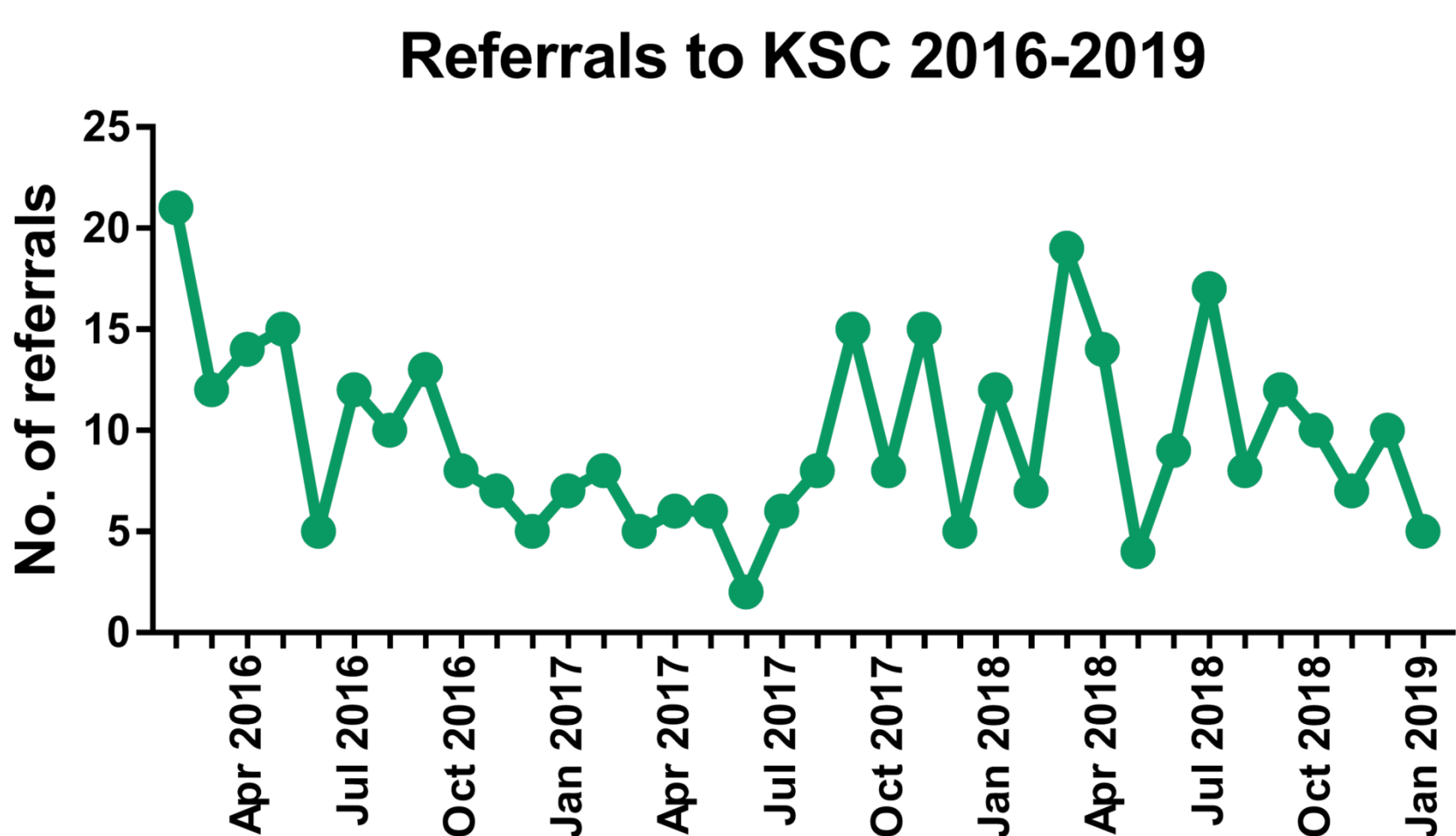


METHODS

Patients attending a KSC clinic were followed for up to 3 years (Feb 2016–Feb 2018). Data on sex, age, CKD treatment modality, Charlson comorbidity score, preferred and actual place of death, appointment details, reason for referral and completion of Statement of Choices were collected from medical records. Patients completed the IPOS-Renal at each clinic visit to scale their symptom burden and track changes over time. Demographic and clinical data were analysed descriptively. For patients who completed the IPOS-Renal at baseline and on at least one other occasion (n=119), rates of change in total symptom scores were calculated using linear regression.

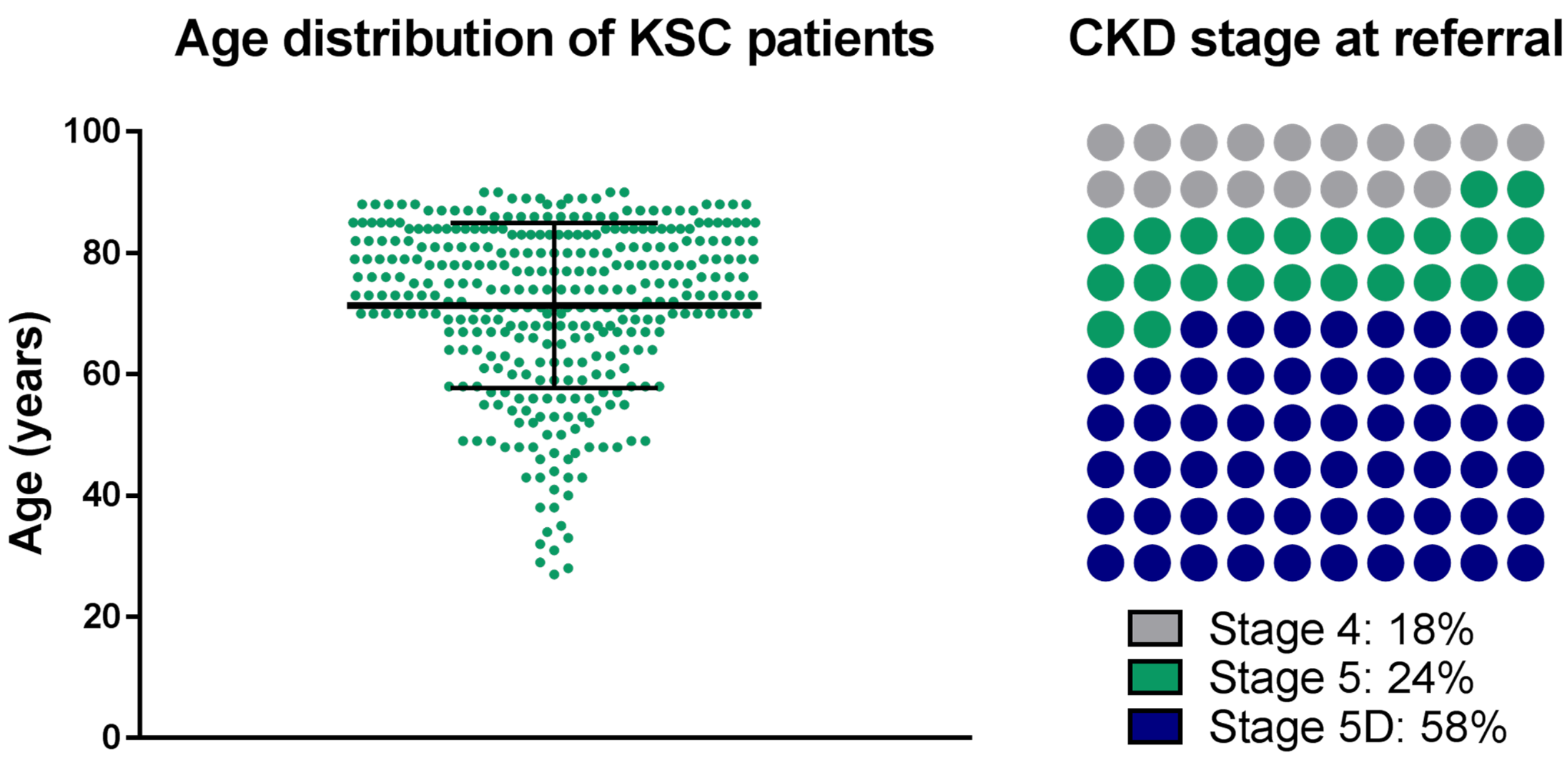
RESULTS

Across 3 years, >100 people were referred to KSC per year (n=378). The most frequent reason for referral was symptom management.

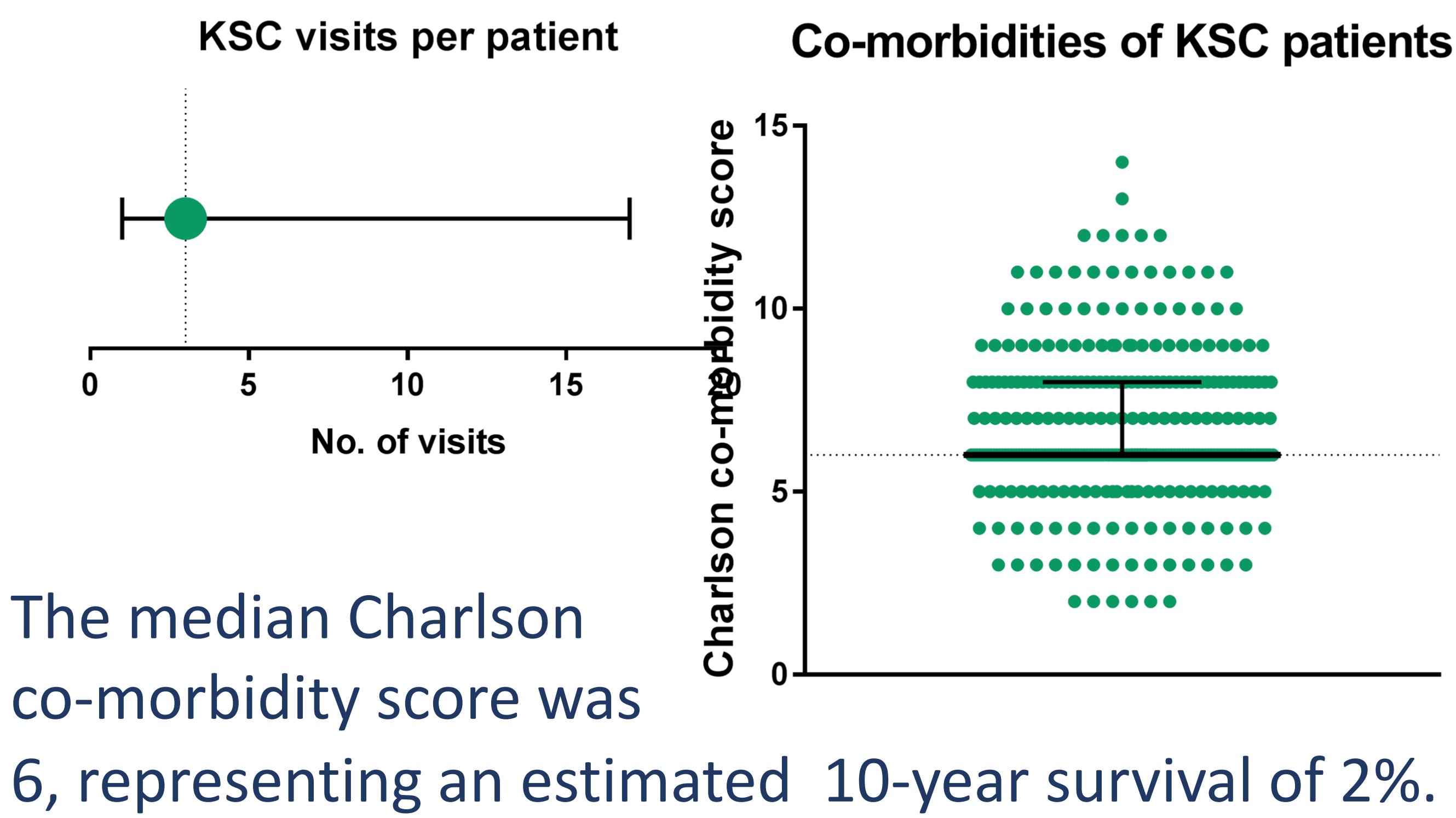


RESULTS (cont.)

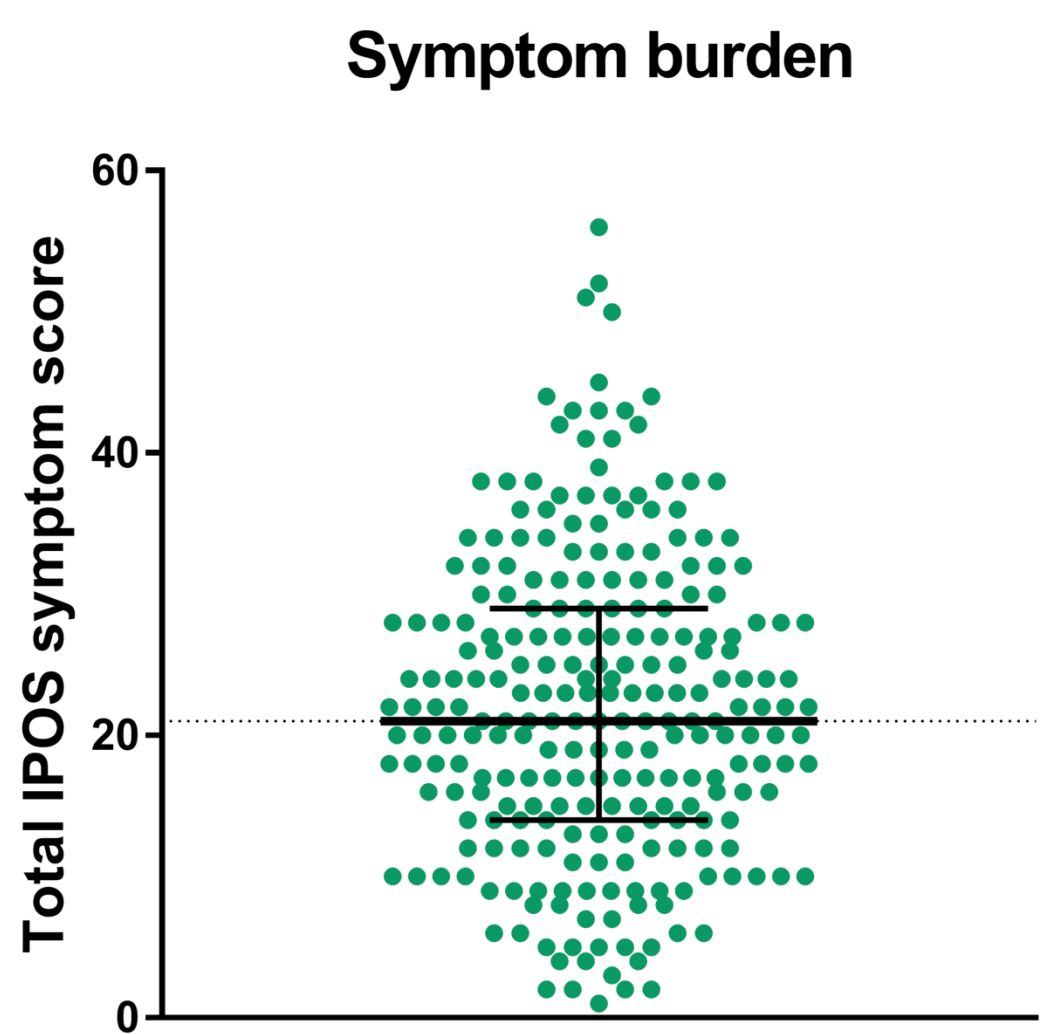
The median age was 74, and most patients were in CKD stage 5 or 5D.



Most patient had multiple clinic visits (up to 17).

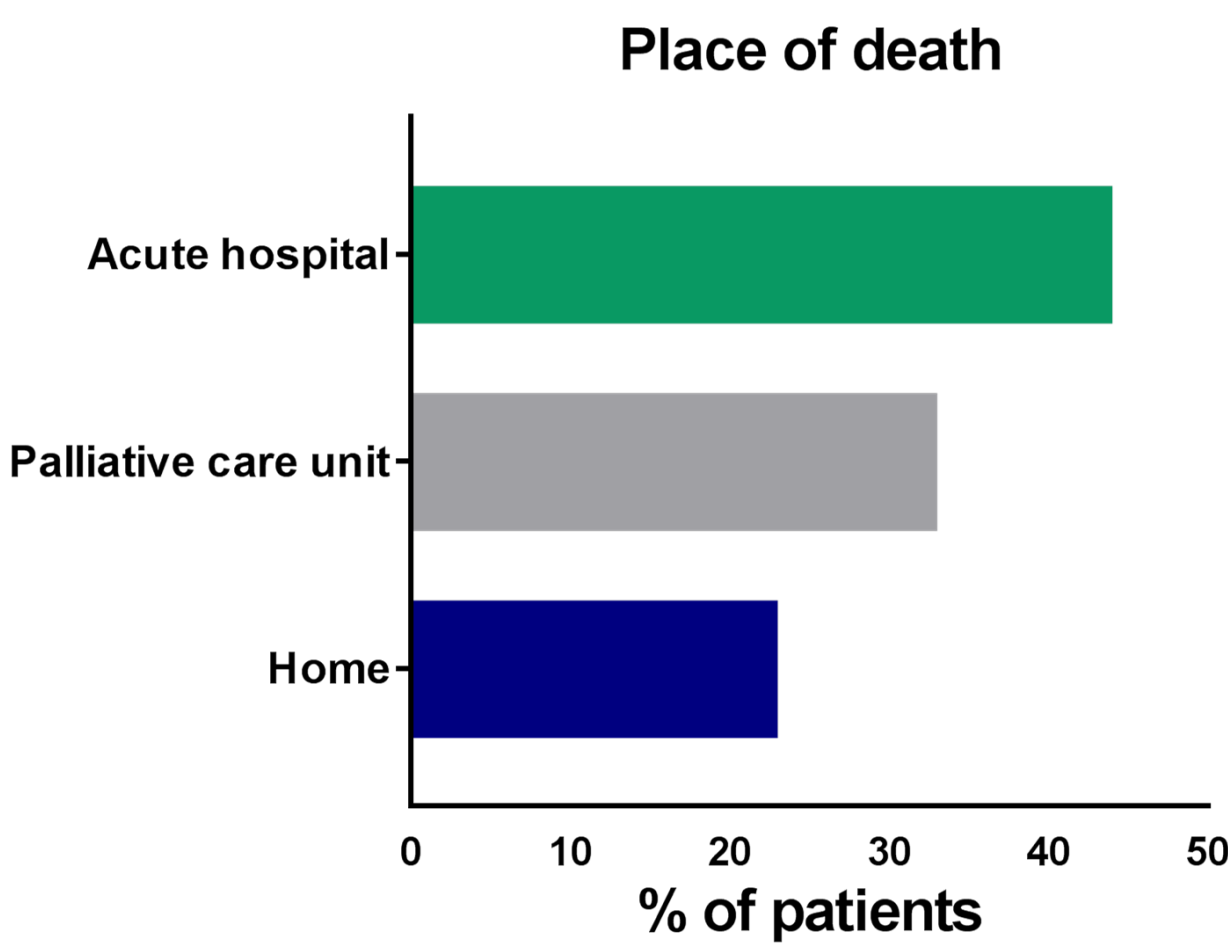


The median Charlson co-morbidity score was 6, representing an estimated 10-year survival of 2%.



Of those who recorded a preferred place of death, 66% died in their preferred place. At Feb 2019, 62% of current patients had completed a Statement of Choices.

At baseline , the median total IPOS-Renal score was 21; patients reported a median of 11 symptoms each. Of those with the highest scores at baseline (>15) 56% reported improvement in symptom scores.



CONCLUSIONS

The KSC clinic is reaching a patient cohort that is elderly, co-morbid and symptomatic, and is delivering effective relief for many people with CKD suffering from overwhelming symptoms. The high symptom burden experienced by these patients underlines the need for early, robust and regular assessment of symptoms.